

**RYAN WHITE TITLE I PROGRAM**  
**Prior Authorization Form for Neupogen® (Filgrastim)**

Recipient's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Prescriber Full Name: \_\_\_\_\_ Prescriber License #: (ME,OS,RN) \_\_\_\_\_  
Prescriber Telephone #: \_\_\_\_\_ Prescriber Fax #: \_\_\_\_\_  
Drug Strength: \_\_\_\_\_

Please check below the diagnosis or indication for this product:

- ☐ Severe neutropenia in AIDS patients on antiretroviral therapy  
Severe Chronic Neutropenia: ☐ congenital ☐ cyclic ☐ idiopathic  
☐ Cancer patients with HIV/AIDS receiving myelosuppressive chemotherapy

Select one of the following:

New Therapy ☐ **OR** Continuation of Therapy ☐

Lab Test Date: \_\_\_\_\_ Absolute Neutrophil Count: \_\_\_\_\_ cells/mm3

What is the date range of therapy? Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Indicate dosage and frequency of dosing: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_

**Please attach a copy of the original prescription and lab results dated within the last three (3) months.**

Mail or Fax information to: Mercy Professional Pharmacy  
3661 South Miami Avenue, Suite 110  
Miami, FL 33133  
Telephone #: (305) 285-2762 (for information only)  
Fax #: (305) 285-5019 **OR** (305) 285-2606

**FOR RYAN WHITE TITLE I USE ONLY**

Date: \_\_\_\_\_ Notified: \_\_\_\_\_

Approved: \_\_\_\_\_ Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

**Please note:** All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

Pursuant to Article VI, Section 6.4 (H) of the Ryan White Title I Professional Service Agreement, Miami-Dade County has the right to access all client files (including electronic files), service utilization data, and medical records during on site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.